



**DEPARTMENT OF ADMINISTRATION
OPERATIONS DIVISION
RISK MANAGEMENT SECTION**
402 West Washington Street, Room W478
Indianapolis, IN 46204



Date of accident (<i>month, day, year</i>)	Time of accident <input type="checkbox"/> AM <input type="checkbox"/> PM	County	Location of accident
Department of employee	Division of employee		
Work telephone number of driver ()	Type of accident (<i>check all that apply</i>) <input type="checkbox"/> Property damage <input type="checkbox"/> Personal injury		

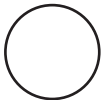
WEATHER CONDITIONS		LIGHTING CONDITIONS		ROAD CONDITIONS	
<i>Check one</i> <input type="checkbox"/> Existing <input type="checkbox"/> Recent		<i>Check one</i>		<i>Check all that apply</i>	
<i>Check all that apply</i> <input type="checkbox"/> Clear <input type="checkbox"/> Sleet <input type="checkbox"/> Cloudy <input type="checkbox"/> Freezing rain <input type="checkbox"/> Rain <input type="checkbox"/> Fog / Smoke <input type="checkbox"/> Snow <input type="checkbox"/> Other <i>(describe)</i>		<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn / Dusk <input type="checkbox"/> Dark / No lights <input type="checkbox"/> Dark with street lights		<input type="checkbox"/> Straight <input type="checkbox"/> Dry <input type="checkbox"/> Asphalt <input type="checkbox"/> Curve <input type="checkbox"/> Slippery <input type="checkbox"/> Gravel <input type="checkbox"/> Hill <input type="checkbox"/> Non-slippery <input type="checkbox"/> Other <i>(describe)</i> <input type="checkbox"/> Wet <input type="checkbox"/> Concrete	

STATE VEHICLE				OTHER VEHICLE			
DRIVER INFORMATION				DRIVER INFORMATION			
Name of driver <i>(last, first, middle initial)</i>				Name of driver <i>(last, first, middle initial)</i>			
Address <i>(number and street, city, state, and ZIP code)</i>				Address <i>(number and street, city, state, and ZIP code)</i>			
Sex	Date of birth <i>(month, day, year)</i>	Restrictions	Type of license	Sex	Date of birth <i>(month, day, year)</i>	Restrictions	Type of license
State of issue		Date of expiration	License number	State of issue		Date of expiration	License number
VEHICLE INFORMATION				VEHICLE INFORMATION			
State of license	Year of vehicle	Color of vehicle	Plate/Com. number	State of license	Year of vehicle	Color of vehicle	Plate/Com. number
Number of occupants	Was vehicle towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Direction of travel	Posted speed limit	Number of occupants	Was vehicle towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Direction of travel	Posted speed limit
Name of police department investigating accident				Name of police department investigating accident			
Name of investigating officer		Badge number		Name of investigating officer		Badge number	

List injured persons and indicate nature of injury. Also list the type of group the injured person belongs to: Vehicle 1, Vehicle 2, Pedestrian, Bicyclist or Other.
Attach Additional Sheets if necessary.

[illegible]

Indicate by diagram what happened. Make a map indicating what happened. Use  to indicate your vehicle and  to indicate the other vehicle. Be sure to indicate North by drawing an arrow in the circle provided.



In your own words, describe what occurred.

Signature

Date of signature (month, day, year)